

Course Expense / Budget Estimation Sheet

1 TYPE OF COURSE			
	<i>(Course Name)</i>	NUMBER OF STUDENTS	

2 PERSONNEL EXPENSES:			
NAME/ POSITION TITLE	COST/HR.	# HOURS	\$ AMOUNT
TOTAL PERSONNEL EXPENSES			

3 STUDENT RELATED EXPENSES			
COST TYPE	#	COST EACH	\$ AMOUNT
<input type="checkbox"/> Textbooks			
<input type="checkbox"/> Copies/Handouts			
<input type="checkbox"/> Disposable/Safety			
<input type="checkbox"/> Testing/Certification			
<input type="checkbox"/> Clinical			
<input type="checkbox"/> Tuition/Name of Inst.			
<input type="checkbox"/> Other/ _____			
TOTAL STUDENT RELATED EXPENSES			

4 ASSOCIATED EXPENSES	
COST TYPE	\$ AMOUNT
<input type="checkbox"/> Facility	
<input type="checkbox"/> Insurance	
<input type="checkbox"/> Mileage/Travel	
<input type="checkbox"/> Office	
<input type="checkbox"/> Other	
TOTAL ASSOCIATED EXPENSES	

5 EXPENSE TOTALS RECAP (Sections 2 - 4)	
CATEGORY	TOTAL \$
Section 2. Personnel Expenses	
Section 3. Student Related Expenses	
Section 4. Associated Expenses	
GRAND TOTAL "EXPENSES"	

6 FUNDING SOURCES	
SOURCE	\$ AMOUNT
EMS Agency	
Student	
Local Government	
State EMS Training Grant	
TOTAL FUNDING SOURCES	